

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)

Alberto

2. Surname (Last Name)

García-Ortega

3. Date

22-November-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Coagulation disorders and thromboembolic disease in COVID-19: review of current evidence in search of a better approach.

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)

David

2. Surname (Last Name)

de la Rosa

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22-November-2020

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Corresponding Author's Name

Alberto García-Ortega

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1. Given Name (First Name) Grace	2. Surname (Last Name) Oscullo	3. Date 22-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Alberto García-Ortega
5. Manuscript Title Coagulation disorders and thromboembolic disease in COVID-19: review of current evidence in search of a better approach.		
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Diego
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Castillo-Villegas
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Miguel Ángel	2. Surname (Last Name) Martinez-Garcia	3. Date 22-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Alberto García-Ortega
5. Manuscript Title Coagulation disorders and thromboembolic disease in COVID-19: review of current evidence in search of a better approach.		
6. Manuscript Identifying Number (if you know it) _____		

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Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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